

## **CITIZEN ON PATROL - AUBURN POLICE DEPARTMENT**

### **AGREEMENT ASSUMING RISK OF INJURY OR DAMAGE WAIVER AND RELEASE OF CLAIMS**

---

Whereas the undersigned, not being a member, employee or agent of any law enforcement department, has made a voluntary request for permission to ride as an observer in a law enforcement vehicle at a time when such vehicle is operated and manned by members of the Auburn Police Department, and has further requested permission to accompany a member or members of said law enforcement department during active performance of their official duties as Police Officer.

Whereas the undersigned acknowledges that the work and activities of said law enforcement department are inherently dangerous, involving possible risk of injury, damage, expense or loss to person or property, and further agrees that the said law enforcement department did not take the initiative in extending an invitation to ride or accompany its members.

Now, therefore, be it understood that the undersigned hereby agrees that the City of Auburn, the Auburn Police Department, any member of the Auburn Police Department, the driver or owner of any automobile owned or operated by, or in the service of the City of Auburn, their sureties, and each of them, shall not be held liable or responsible under any circumstances whatsoever by the undersigned, his or her estate, or heirs, for any injury, damage expense or loss to the person or property of the undersigned, incurred while riding as an observer in any Auburn Police Department vehicle or while accompanying a member of said department during the active performance of his official duties as a peace officer.

#### **READ THIS DOCUMENT COMPLETELY BEFORE SIGNING**

**NOTE: THE SIGNATURE OF A PARENT OR GUARDIAN IS REQUIRED FOR THOSE OBSERVERS BETWEEN THE AGES OF 15 AND 18 YEARS, UNLESS MARRIED.**

RIDER'S NAME (PRINT) \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
Street City Zip

EMPLOYER/ADDRESS: \_\_\_\_\_ / \_\_\_\_\_  
PHONE: \_\_\_\_\_

RIDER/PARENT SIGNATURE (If Applicable) \_\_\_\_\_

*NOTE: Parent Signature MUST be witnessed by an APD Employee*

APD WITNESS SIGNATURE \_\_\_\_\_

---

**This application will be reviewed and you will be notified of the date/time of your scheduled ride-a-long.**

---

#### **FOR DEPARTMENTAL USE ONLY:**

DUTY SGT/OIC REVIEW: \_\_\_\_\_  
(Initial)

OBSERVER TO RIDE:

DATE/TIME: \_\_\_\_\_

APPROVED BY:

WITH: \_\_\_\_\_  
(Officer)

\_\_\_\_\_  
Michael A. Morello, Chief of Police

**THIS FORM MUST BE COMPLETED AND RETURNED TO THE OFFICE OF THE CHIEF OF POLICE**